Home and Community Based Settings

PRESENTATION
CENTERS FOR MEDICAID AND MEDICARE
FINAL RULE

Presentation will cover:

2

- HCBS Final Rule 42 CFR Parts 430, 431, 435, 436, 441 and 447
- How Washington measures up
- Modifications to requirements in provider owned settings including evidence for settings presumed to be institutional
- Washington's Transition Plan

Intent of Final Rule

3

To ensure that individuals receiving long-term services and support have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate

Integration in the community



The setting is integrated in and supports full access of individuals to the greater community, including opportunities to:

- Seek employment and work in competitive integrated settings,
- Engage in community life,
- Control personal resources, and
- Receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS

Choice



 Setting and provider is selected by the individual from all available alternatives, including nondisability specific settings and an option for a private room.

• Facilitates individual choice regarding services and supports, and who provides them.

Choice



Freedom to:

- Furnish or decorate sleeping or living unit
- Control schedule and activities and have access to food at any time
- Have visitors of their choosing at any time

RCW 70.129.140 (2), RCW 70.129.100, RCW 70.129.050

Rights

7

The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.

Dignity, respect and free of restraints RCW 70.129.005, RCW 70.129.120

Independence



- The setting optimizes and does not regiment the individual's:
 - Initiative
 - Autonomy
 - Independence in making life choices, including:
 - daily activities,
 - physical environment and
 - × with whom to interact
- Setting is physically accessible to the resident

Promoting Independence: RCW 70.129.140

Rights

9

The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.

Privacy



Each individual has privacy in their sleeping or living unit:

- Units have entrance doors that can be locked by the individual with only appropriate staff having keys to doors
- Individuals have a choice of roommates in the setting

Modifications to the Rules



Criteria to modify setting requirements:

- Be based on an assessed need and justified in the service plan
- Be used only after positive supports have been used and documented
- Less intrusive methods have been tried and documented
- Include data collection measures and documents ongoing effectiveness of the modification

Modifications to the Rules



Criteria to modify setting requirements: cont.

- Include established timeframes for reviewing continued need for modification
- Include informed consent of the resident
- Include assurance that the modification will do no harm to the resident

Special Note About Delayed Egress

- Must be individually based
- Documented in the Care Plan
- Need must be reviewed periodically
- Must have appropriate signage by the door
- People who don't require delayed egress should not be restricted from exiting the building
- Secured courtyard/outdoor area

Settings Presumed to be Institutional



CMS presumes settings to have the qualities of an institution when they are:

- Located in building that provides inpatient institutional treatment or
- Located on the grounds of or adjacent to a public institution or
- Settings that isolate the resident from the broader community of individuals not receiving Medicaid HCBS

Settings Presumed to be Institutional



Evidence in the Transition Plan must:

- Show how these facilities protect the fundamental rights of freedom, dignity, control of daily routines, privacy, and community integration
- Include stakeholder input, especially from residents

Settings Presumed to be Institutional



HCS staff have conducted site visits and interviews with identified residential and adult day service settings. Information was gathered about:

- Choice in setting
- Community involvement
- Choice in roommates
- Choice in schedules
- Choice in food and who one eats with
- Freedom to have visitors at any time

Survey & Investigation



- Residential Care Services is currently reviewing all facility survey tools to identify compliance changes
- Stakeholders from all facility types will be kept abreast of changes via:
 - Professional websites
 - Dear provider updates
 - Presentations/meetings with associations

Transition Plan



Assessment Process: Includes the state's assessment of the extent to which its regulations, standards, policies, licensing requirements, and other provider requirements ensure settings comport with the regulation.

- Systemic Review
- Site Specific Assessments
- Provider Assessments
- Settings Presumed Not to be HCB
- Summary

Transition Plan



Remedial Strategy: Describes actions the state proposes to assure initial and on-going compliance with the HCBS settings requirements, with specific timeframes for identified actions and deliverables.

- Proposing new state regulations or revising existing ones
- Revising provider requirements
- Conducting statewide provider training on the new state standards.

Transition Plan Time Frame



• Submitted Statewide Transition Plans must include a time frame and milestones for state actions, including assessment and remedial actions.

• If state standards must be modified in order to effect changes in the state system, the state should propose a reasonable time frame for making the modifications.

Washington's Transition Plan TimeLine



- Through end of October- gather stakeholder and Tribal input for draft transition plan
 - October 23 -Tribal Consultation
- November complete draft transition plan
- December- post plan for 30 day public comment
- December/January- gather public feedback and make any revisions to transition plan
- January- Submit transition plan to CMS and repost for public view

Comments and Suggestions

Please send comments and suggestions to:

Barb Hanneman, HCS at hannebj@dshs.wa.gov or

Bob Beckman, DDA at bob.beckman@dshs.wa.gov or

Patty Craig, RCS at craigpl@dshs.wa.gov

http://adsaweb:85/stakeholders/hcbs/